2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State
01-23-2007 90019 015 ***272.50

should be 61.25

DOCUMENT # N02000005119

1. Entity Name
THE THORNTON & MAUD UTZ CHARTIABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
46 N. WASHINGTON BLVD. SUITE 25A SARASOTA, FL 34236	46 N. WASHINGTON BLVD. SUITE 25A SARASOTA, FL 34236

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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
54-2086745
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN, PAUL A
46 N. WASHINGTON BLVD.
SUITE 25A
SARASOTA, FL 34236

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HADLEY, WARREN
STREET ADDRESS	92 FOREST ST
CITY-ST-ZIP	DUXBUR, MA 02332
TITLE	D
NAME	TYLER, PAT
STREET ADDRESS	2202 CASEY KEY
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	LUDDEN, JOHN
STREET ADDRESS	2929 BEE RIDGE RD.
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	MORAN, PAUL A
STREET ADDRESS	46 N. WASHINGTON BLVD. #25A
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul A. Moran Paul A. Moran, Director 1/4/07 941-955-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #